

**APPLICATION CHECKLIST FOR MISSOURI TEACHER'S LICENSE
FOR NON-MISSOURI GRADUATES**

Your completed application packet must include each of the following items:

- ☐ **Application Form**
Complete Section I, parts A-E. Processing time varies from 2-6 weeks depending on application activity!
- ☐ **Institutional Recommendation** (not required if you possess a valid out-of-state license)
If you do not have a valid professional certificate in another state, you must complete Section I of the application form and forward it to the certification officer at the institution where you completed your **initial** teacher education program. The certification officer must complete Section III and return it TO YOU in a sealed and signed envelope. The unopened envelope(s) must be included with your application packet. **NOTE:** This portion of the application is not required if you hold a valid professional teaching certificate in another state; a temporary, emergency, and/or substitute teaching certificate is not applicable.
- ☐ **Transcripts**
Original transcripts (no photocopies) from **ALL** institutions attended must be provided. Please be sure your complete social security number is listed. **NOTE:** a minimum grade point average of 2.5 on a 4.0 scale is required.
- ☐ **Verification of Approved Teaching Experience**
Teaching experience must be contracted and at least half-time employment. Substitute teaching, student teaching, college teaching, or serving as a teacher's aide or assistant does not qualify as teaching experience. Teaching experience must be documented on the enclosed Verification of Teaching Experience form. You may duplicate the form as needed. The form must be signed by an official of the school system where you taught. The form(s) should be returned TO YOU in the school's official envelope. The unopened envelope(s) must be included with your application packet. **If you do not have approved teaching experience**, please write "none" across the form and return it.
- ☐ **Valid Teaching Certificate(s)**
If you hold a valid teaching certificate(s) or license(s) in another state, you must include a photocopy of the certificate(s) with your packet.
- ☐ **Praxis II Score Report**
The Praxis II Specialty Area Test is no longer required from out-of-state applicants; however, if you have test scores we request that they are submitted for each area of certification for which you are applying.
- ☐ **Application Fee**
Include with your application packet a \$50.00 check or money order made payable to "Treasurer, State of Missouri." If you have 4 or more years of teaching experience, please enclose an additional check or money order for \$35 to request the "Career" level of certification.
Cash will not be accepted. **NOTE:** This fee is for processing your application and cannot be refunded nor does it guarantee that a certificate will be issued.
- ☐ **Background Check**
A criminal background check must be completed. Please contact Identix to schedule an appointment by calling 866-522-7067 or online at <http://www.identix.com/iis/>. The current processing fee for this procedure is \$50.95. Please provide the following information when contacting Identix:
 - County/District code number of the hiring school district; if not employed please use code number 999999;
 - Your certification status, which will be a certified educator (E); and
 - DESE's ORI number, which is MO920320Z.Any questions regarding this portion of the application process should be directed to the Department of Elementary and Secondary Education, Conduct and Investigations Section at 573-522-8316.

Collect all required documentation and return it in a **SINGLE PACKET**. The items become the property of the Department of Elementary and Secondary Education and will not be returned or released to other agencies.

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE! Mail the complete application packet to:

Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480
<http://dese.mo.gov>

You can check the status of your application on our website at
http://k12apps.dese.mo.gov/webapps/tcertsearch/tc_search1.asp

Do not use this application for counseling, school psychologist, school psychological examiner, adult education, or career certification.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

APPLICATION FOR INITIAL MISSOURI TEACHING CERTIFICATE FOR NON-MISSOURI GRADUATES

SECTION I: TO BE COMPLETED BY APPLICANT. DO NOT USE THIS APPLICATION FOR COUNSELING, SCHOOL PSYCHOLOGIST, SCHOOL PSYCHOLOGICAL EXAMINER, OR ANY OTHER NON-CLASSROOM CERTIFICATION.

A. VITAL INFORMATION

| | | |
|--|---|---|
| *SOCIAL SECURITY NUMBER | | <input type="checkbox"/> ENCLOSED IS \$50 CHECK OR MONEY ORDER for application processing |
| CURRENT NAME (LAST, FIRST, MIDDLE INITIAL) | | <input type="checkbox"/> IF 4 OR MORE YEARS TEACHING EXPERIENCE, enclose an additional check or money order for \$35 to request the "Career" level of certification FUNDS ARE PAYABLE TO: Treasurer, State of Missouri |
| ALL MAIDEN/FORMER NAMES | | |
| STREET ADDRESS | | |
| CITY, STATE, ZIP CODE | | |
| DATE OF BIRTH | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | PHONE NUMBERS H () W () |

B. LIST ALL STATES WHERE YOU HOLD OR HAVE HELD A TEACHING CERTIFICATE.

| | |
|--------------|-------------------------------------|
| | ENCLOSE A COPY OF EACH CERTIFICATE. |
|--------------|-------------------------------------|

C. MISSOURI AREA(S) OF CERTIFICATION REQUESTED.

| SUBJECT AREA | GRADE LEVELS |
|--------------|--------------|
| | |
| | |
| | |

D. PROFESSIONAL CONDUCT (ALL QUESTIONS MUST BE ANSWERED).

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

| | YES | NO |
|---|--------------------------|--------------------------|
| A. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge? | <input type="checkbox"/> | <input type="checkbox"/> |

*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

E. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to continually access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

| | |
|------------------------------|------|
| LEGAL SIGNATURE OF APPLICANT | DATE |
|------------------------------|------|

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.

PLEASE RETURN THIS FORM TO:

EDUCATOR CERTIFICATION, PO BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.

ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES!

<http://dese.mo.gov>

SECTION II: APPLICANT INFORMATION

| | | | |
|--|--|---------------------------------|--|
| *SOCIAL SECURITY NUMBER | | DATE OF BIRTH | |
| CURRENT NAME (LAST, FIRST, MIDDLE INITIAL) | | LIST ALL MAIDEN OR FORMER NAMES | |
| STREET ADDRESS | | CITY, STATE, ZIP CODE | |

SECTION III: IF YOU DO NOT HOLD A VALID PROFESSIONAL TEACHING CERTIFICATE IN ANOTHER STATE THIS SECTION MUST BE COMPLETED BY THE CERTIFICATION OFFICER OF THE STATE-APPROVED TEACHER EDUCATION INSTITUTION WHERE THE INITIAL TEACHER EDUCATION PROGRAM WAS COMPLETED.

Please carefully complete the information in this section regarding this applicant. To be valid, this form must be signed by the Certification Officer, Dean of the College or School of Education, the Chairman of the Education Department, or the Dean's designee at the institution where the applicant completed his/her teacher preparation program and certification program. A stamped signature must be initialed by the person using the stamp. Please verify your information with your school seal.

A. LIST ALL COLLEGES AND UNIVERSITIES WHERE THE APPLICANT COMPLETED COURSEWORK.**NOTE: SEE APPLICANT'S RELEASE STATEMENT IN SECTION I.**

| NAME OF COLLEGE/UNIVERSITY | STATE | DEGREE | YEAR | DATES OF ATTENDANCE | TOTAL HOURS ATTEMPTED | TOTAL HOURS COMPLETED | TOTAL QUALITY POINTS |
|----------------------------|-------|--------|------|---------------------|-----------------------|-----------------------|----------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | TOTALS | | |
| | | | | | OVERALL GPA | | |

B. LIST PRAXIS II TEST AREAS AND SCORES – IF REQUIRED BY STATE ISSUING ORIGINAL CERTIFICATE(S)

PRAXIS II Specialty Area Test(s)

| | | | |
|--|------------------------------|-------------------------------|-------|
| _____ | SUBJECT | _____ | SCORE |
| _____ | SUBJECT | _____ | SCORE |
| PRAXIS II Principles of Learning and Teaching Test | <input type="checkbox"/> 5-9 | <input type="checkbox"/> 7-12 | _____ |
| | | | SCORE |

C. MAKE THE FOLLOWING RECOMMENDATION(S) BASED UPON YOUR STATE-APPROVED TEACHER EDUCATION PROGRAM WHICH THE APPLICANT HAS COMPLETED AT YOUR INSTITUTION.

A. I verify that this applicant has completed our state-approved teacher education program(s) in the major area(s) of:

| | | | | | | | |
|-------|-------------|-------|--------------|-------|-------------|-------|--------------|
| _____ | GRADE LEVEL | _____ | SUBJECT AREA | _____ | GRADE LEVEL | _____ | SUBJECT AREA |
|-------|-------------|-------|--------------|-------|-------------|-------|--------------|

B. I verify that this applicant has completed our state-approved teacher education program(s) in the added endorsement area(s) of:

| | | | | | | | |
|-------|-------------|-------|--------------|-------|-------------|-------|--------------|
| _____ | GRADE LEVEL | _____ | SUBJECT AREA | _____ | GRADE LEVEL | _____ | SUBJECT AREA |
|-------|-------------|-------|--------------|-------|-------------|-------|--------------|

C. I verify that this applicant has a minimum overall GPA of 2.5 on a 4.0 scale ☐ YES ☐ NOD. I verify that this applicant has been or can be recommended for a full teaching certificate in our state. ☐ YES ☐ NO

| | | |
|--------------------------|-----------------------------------|------|
| RECOMMENDING INSTITUTION | CERTIFICATION OFFICER'S SIGNATURE | DATE |
|--------------------------|-----------------------------------|------|

D. STATE-APPROVED TEACHER EDUCATION PROGRAM APPROVAL INFORMATION

| | | | |
|---------------------------------------|---------------------------|-------------------------------------|--|
| FIRST YEAR STATE APPROVAL WAS GRANTED | | DATE CURRENT STATE APPROVAL EXPIRES | |
| REGISTRAR'S SIGNATURE | NAME OF INSTITUTION | | AFFIX OFFICIAL STAMP OR SEAL HERE |
| PRINT/TYPE REGISTRAR'S NAME | ADDRESS OF INSTITUTION | | |
| DATE | PHONE NUMBER () | | |

**PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED AND SIGNED ENVELOPE.
ORIGINAL SIGNATURES REQUIRED – NO FAXES OR PHOTOCOPIES**



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(573) 751-0051

VERIFICATION OF TEACHING EXPERIENCE

SECTION I: TO BE COMPLETED BY APPLICANT. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY CONTRACTED TEACHING EXPERIENCE.

SOCIAL SECURITY NUMBER*

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐

FEMALE ☐

PHONE NUMBERS

H ()

W ()

*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

I hereby give my former and/or current employer permission to release any and all information required in Section II.

LEGAL SIGNATURE OF APPLICANT

DATE

SECTION II: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM

The above named individual was employed as a teacher in our school system as verified below.

BEGINNING DATE OF EMPLOYMENT

ENDING DATE OF EMPLOYMENT

TOTAL YEARS TAUGHT

SUBJECT AREA(S) TAUGHT

GRADE LEVEL(S)

SUBJECT AREA(S) TAUGHT

GRADE LEVEL(S)

NAME OF SCHOOL SYSTEM

SCHOOL ADDRESS

CITY, STATE, ZIP

ADMINISTRATOR'S NAME (PRINT OR TYPE)

ADMINISTRATOR'S POSITION

SCHOOL PHONE NUMBER

ADMINISTRATOR'S SIGNATURE

DATE

NOTE: Teacher certification in Missouri is designed as a two-level plan. Teachers are issued the appropriate level according to the number of years of teaching experience and the level of education. **Experience must be contracted and at least half-time. Substitute teaching or serving as a teacher's aide or assistant cannot be counted.**

PLEASE RETURN THIS FORM TO THE TO THE APPLICANT IN A SEALED OFFICIAL SCHOOL ENVELOPE.

THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS

Original Signatures Required – No faxes or photocopies!

<http://dese.mo.gov>